

**Application Packet for**  
**Student Advisory Committee**  
**to the**  
**Virginia Board of Education**

**NOTE: Application for high school students in Regions 1, 3, 6, 7, and 8  
and for all middle school students**

**2002-2003 Academic Year**

**POSTMARK DEADLINE FOR THE COMPLETED APPLICATION IS  
APRIL 16, 2002**

**Virginia Board of Education**  
**Student Advisory Committee Application**  
**2002-2003**

The Virginia Board of Education is seeking applications for the Student Advisory Committee for the 2002-2003 academic year. One nomination may be submitted from the following:

- Each public high school in Regions 1, 3, 6, 7, and 8;
- Each public middle school in the commonwealth; and
- Each statewide student organization may also submit a nomination.

The Student Advisory Committee will meet at least three times a year, with two meetings to coincide with regularly scheduled Board meetings. The purpose of the committee is to advise the Board of Education and to make recommendations for action on issues of interest and concern to students across Virginia.

The members of the Student Advisory Committee will be selected to serve a term of one or two academic years, depending on their grade levels. The first meeting will be held in September 2002. Most meetings will be held on Saturdays in order to minimize the students' time away from school while serving on the committee.

**Selection of Members:**

The Board of Education is seeking applications from students who have been nominated by their schools or by other statewide student organizations in the commonwealth. Each public middle school, high school, and statewide student organization may nominate one student for consideration.

Students who apply to this program should be well versed in a broad spectrum of topics that relate to school life in the commonwealth. Applicants selected to the committee should reflect interests from a variety of school-related areas, including academics, athletics, fine arts, vocational areas, student government, and club leadership. Students applying to serve on the committee should demonstrate:

- Solid academic performance
- Strong communication and leadership skills
- Involvement in a variety of co-curricular and/or extra-curricular activities
- An interest in learning about and contributing to state policies affected by the Virginia Board of Education.

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**Student Travel Requirements:**

Advisory committee meetings will be held in Richmond. Each student member must be accompanied by a supervising adult for each committee meeting. Travel expenses for both the student and the supervising adult will be reimbursed by the Board of Education in accordance with state guidelines.

**Deadline for Applications:**

Students should submit their applications, including the required teacher recommendations, postmarked by April 16, 2002, and addressed to:

Dr. Margaret N. Roberts  
Executive Assistant to the Board of Education  
Post Office Box 2120  
Richmond, VA 23218-2120

Student committee members will be selected by a committee of the Board appointed by the President. Students selected to serve on the Student Advisory Committee will be notified by May 10, 2002.

For further information, please contact Margaret Roberts at the Virginia Department of Education at (804) 225-2924.; FAX: (804) 225-2524; E-mail: [mroberts@mail.vak12ed.edu](mailto:mroberts@mail.vak12ed.edu).

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**Part A: Student Application (continued)**

Please respond to the three remaining questions on a separate sheet of paper. Your responses to the following questions are limited to two typed pages (total), single-spaced, twelve-point font, with one-inch margins.

1. Elaborate on your understanding of the role of the Virginia Board of Education. How do you think the Student Advisory Committee can contribute to the work of the Board?
2. Discuss the importance of high standards in education for all Virginia students. How do you think high standards should be set and maintained? How will students in Virginia benefit from high educational standards?
3. Discuss experiences that you have had in your own personal or academic life that would help you contribute effectively to the Board's Student Advisory Committee. These might include experiences from academic life, co-curricular and extra-curricular activities, work or volunteer experience, honors and awards that you have earned, and/or personal and social experiences.

**Please attach your answers to this part of the application  
and include with your application packet.**

The complete application packet should be sent to:

Dr. Margaret N. Roberts  
Executive Assistant to the Board of Education  
Virginia Department of Education  
P.O. Box 2120  
Richmond, VA 23218-2120

For further information, please contact Dr. Roberts at (804) 225-2924; FAX (804) 225-2524; E-mail: [mroberts@mail.vak12ed.edu](mailto:mroberts@mail.vak12ed.edu).

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**Part B - Parent/Guardian Form**

Name of student: \_\_\_\_\_

If it is not appropriate to provide information for both father and mother, please make appropriate substitutions. Please include this form with the application packet.

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_

1. Does your child have any physical and/or emotional problems, dietary requirements, or personal beliefs that might seriously restrict his/her participation as a member of the Virginia Board of Education's Student Advisory Committee?  Yes  No  
If yes, please explain on the back of this page or on an attached sheet.

2. I, the parent (guardian) of \_\_\_\_\_, permit him/her to apply to serve as a member of the Virginia Board of Education's Student Advisory Committee. I understand that if he or she is selected, expenses associated with participation will be reimbursed in accordance with state guidelines and that a supervising adult must accompany him/her to each Board activity. I understand that my son or daughter is expected to participate in all activities of the committee. I agree that, if selected for the program, my son or daughter will abide by the rules and regulations set forth by the Virginia Board of Education, the Virginia Department of Education and the supervising adults. I understand that failure to abide by these rules and regulations will be just cause for dismissal from the committee. I agree to allow my child to participate in all of the activities of the program. Finally, I grant permission for a transcript of my son or daughter's school record to be sent to the Virginia Department of Education as a part of this application packet.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

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**Part C - School Nomination Form**

Name of student: \_\_\_\_\_

Principal: \_\_\_\_\_ School phone: (\_\_\_\_\_) \_\_\_\_\_

Name of school: \_\_\_\_\_ School Division: \_\_\_\_\_

School address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Please comment on this student's strengths and weaknesses that you think would be helpful in evaluating his or her application to participate as a member of the Virginia Board of Education's Student Advisory Committee.

2. Applicant's actual or estimated class rank (if available):

\_\_\_ top 2%    \_\_\_ top 4%    \_\_\_ top 6%    \_\_\_ top 10%    \_\_\_ below top 10%

3. **IMPORTANT!** Attach a legible transcript and one copy of the applicant's high school record that includes standardized test scores and high school activities.

I hereby certify that \_\_\_\_\_ is qualified and is genuinely interested in serving as a member of the Virginia Board of Education's Student Advisory Committee. I understand that the student is likely to miss several days from school for this activity, and I or my designee have discussed the impact of such an absence with the student and his/her parents.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Designee

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Title

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**Part D - Letters of Recommendation**

Two letters of recommendation should be included in the application packet:

- One letter from an adult supervisor from the school or organization that is nominating the student
- One letter from a second teacher or another adult selected by the student

If desired, each recommendation may be sealed in an envelope that will be opened at the time the application is evaluated.

The letters of recommendation should include the following information:

- Student's name
- How the recommending adult knows the student
- Which courses and/or activities the student has pursued with the recommending teacher/adult
- The quality of the student's work and/or leadership in school-related activities
- An assessment of the student's communication and leadership skills
- The following qualities of the student: initiative, intellectual curiosity, emotional stability, ability to work with peers, ability to work with teachers/adults, ability to function as a team player
- Signature of the recommending teacher/adult

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